·				00/5000
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
(Covernment Code Sections 64200-64210.5)	Statement covers period from10-21-12	Date of election if applicable: (Month, Day, Year)	3	Page 1 of 9 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-31-12	11-6-12		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement☐ Semi-annual Statement☐ Termination Statement (Also file a Form 410 T☐ Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 130532	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	E) .	NAME OF TREASURER		
Vicki Nichols for City Council - 2012		Vicki Nichols)	
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	<u> </u>	CITY		IP CODE AREA CODE/PHONE
	CODE AREA CODE/PHONE	Sausalito NAME OF ASSISTANT TREASU	=	4965 415-331-5071
Sausalito CA 949		N/A		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS		
N/A		N/A	(*)	,
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	. STATE Z	IP CODE AREA CODE/PHONE
		N/A		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RESS	
A \1\64 - 4\				
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor	ing this statement and to the best of my kn	owledge the information contained he	rein and in the attached sch	nedules is true and complete. I certify
Executed onJanuary 31, 2013	Ву	, Signature of Treasurer or Assistant	Treasurer	
Executed on	BySignature of Co	ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spo	nsor
Cupyled on	. n			

Date

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

CALIFORNIA 460

Page ____ 2 ___ of ___ 9

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Vicki Nichols					•		•
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Sausalito City Council		•					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	•					
1001 Bride Sau	usalito CA 94965		Identify the controlling off	ficeholder, ca	ndidate, or stat	te measure p	proponent, if any.
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PF	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of your	you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	F ANY .
	1				<u></u>		
COMMITTEE NAME	I.D. NUMBER				•		
COMMITTEE NAME	I.D. NUMBER		,				
		. 7 :	Primarily Formed Can				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
	CONTROLLED COMMITTEE?	7.		s) for which thi		orimarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	CONTROLLED COMMITTEE? YES NO	7.	officeholder(s) or candidate(s	s) for which thi	is committee is p	orimarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	CONTROLLED COMMITTEE?	7:	officeholder(s) or candidate(s	s) for which thi	is committee is p	orimarily form	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	CONTROLLED COMMITTEE? YES NO	7.	officeholder(s) or candidate(s	s) for which thi	OFFICE SOUG	orimarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR ON NAME OF OTHER OR OTHER OTHER OR OTHER O	s) for which thi CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	CONTROLLED COMMITTEE? YES NO OBOX) ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(s	s) for which thi CANDIDATE CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	CONTROLLED COMMITTEE? YES NO OBOX) ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR ON NAME OF OT	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F CITY STATE COMMITTEE NAME	CONTROLLED COMMITTEE? YES NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER		NAME OF OFFICEHOLDER OR ON NAME OF OTHER OR OTHER OTHER OR OTHER O	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F CITY STATE COMMITTEE NAME	CONTROLLED COMMITTEE? YES NO ONE OF THE PROPERTY OF THE PROP		NAME OF OFFICEHOLDER OR ON NAME OF OT	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

:	Stateme	ent covers period 10-21-12	CALIFORNIA 460
<i></i>	through	12-31-12	Page3 of9
			1.D. NUMBER 130532

Vicki Nichols for City Council - 2012			13053	
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary f Running in Both the State General Elections	
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ (456.65) \$ 1517.35 0	\$ 6178.99 481.65 \$ 6178.99 0 \$ 6178.99	1/1 through 6/3 20. Contributions Received \$ 21. Expenditures	7/1 to Date \$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4306.93 0 0	\$ 5746.32 \$ 5746.32 0 0 0 0 \$ 5746.32	Expenditure Limit Summa Candidates 22. Cumulative Expering (if Subject to Voluntary if Date of Election (mm/dd/yy)	nditures Made*
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	1517.35 4.76 4306.93	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is	*Amounts in this section may be dif	\$ferent from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC FPPC Toll-Free Helpline: 866/A	C Form 460 (January/0 SK-FPPC (866/275-377

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received		ts may be rounded whole dollars.	Statement covers period from10-21-12			IFORNIA 460
SEE INSTRUCTION	ONS ON REVERSE			through12	-31-12	. Page	4 of9
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. N	JMBER
Vicki Nich	nols for City Council - 2012	,	·	4		1305	32
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10-30-12	Chuck Ruby Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Retired	\$100.00			
11-1-12	Larry Mindel 8 Sausalito, CA 94965	COM OTH PTY SCC	Restauranteur	\$250.00	·	The state of the s	
11-1-12	Marin Women's Political Action Committee	□IND ☑COM □OTH □PTY □SCC		\$250.00	·		
11-1-12	Bruce Huff P. 2004 Sausalito, CA 94966	☑IND □COM □OTH □PTY □SCC	Property Manaager - Kimber LLC	\$250.00	,		
11-7-12	Gary Weatherford Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Admin. Law Judge	\$100.00 ·			
			SUBTOTAL\$	\$950.00			
Schedule	A Summary				*Con	tributor (Codes
1. Amount re (Include al	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1600.00			ient Committee
•	eceived this period — unitemized monetary contributions			374.00		- Other	than PTY or SCC) (e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur			1974.00		⊹Politica Small	al Party Contributor Committee
(Add Liftes	s i and 2. Enter here and on the Summary Page, Colur	mir A, Line 1.)	101AL 5		Toll-Free Helpline		C Form 460 (January/05) SK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

10-21-12

			1	from	21-12	F	ORM TOO
			·	through12	-31-12		5 of 9
NAME OF FILER Vicki Nicho	ols for City Council - 2012	•		·		1.D. NU 1305	JMBER 32
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
11-7-12	Louise Savage	☑IND □COM □OTH □PTY □SCC	Aesthetician	\$100.00			
11-9-12	Rene DeBruyn 100 S Sausalito, CA 94965	□IND □COM □OTH □PTY □SCC	Realtor	\$100.00			
12-5-12	Carol Peltz Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Retired	\$100.00			
12-31-12	Tom Theodores 7. Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Retired	\$250.00	·		
12-31-12	Demo. Central Comm. of Marin 5102 Marin Sacramento, CA 95841	□IND □COM □OTH □PTY □SCC	·	\$100.00	.		
	· .		SUBTOTAL	\$ \$650.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Sched	ule	B-	Part 1
Loans	Rec	eive	ed

** If required.

Type or print in ink.

SCHEDU	JI FB	- PART	1

Loans Received	Am								CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE			***************************************		through1	2-31-12	Page 6	of9		
NAME OF FILER		·					I.D. NUMBER			
Vicki Nichols for City Council - 2012							130532			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOL	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Vicki Nichols	Personal Asst			☐ PAID			:	CALENDAR YEAR		
Sausalito, CA 94965				\$ 437.43	s0	O %	\$ 456.65	\$ 481.65 PER ELECTION**		
, †☑ IND □ COM □ OTH □ PTY □ SCC		\$456.65	\$	\$ 44.22	12-31-12 DATE DUE	\$0	9-30-12 DATE INCURRED	\$ <u>481.65</u>		
	·	er.		PAID \$ FORGIVEN	· \$		\$	CALENDAR YEAR \$ PER ELECTION **		
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
		•		PAID \$ FORGIVEN	\$	RATE	\$	\$PER ELECTION **		
TO IND COM OTH PTY SCC	·	ļ -	3	3	DATE DUE	*	DATE INCURRED	\$		
		SUBTOTALS \$	25.00	481.6	5 \$ 0	\$ 0				
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	:			
Loans received this period (Total Column (b) plus uniformized lean	o of loop than \$100 \			\$	25.00					
 (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	481.65		Contributor Codes ID - Individual OM – Reciplent Co : (other than TH – Other (e.g., TY – Political Party	ommittee PTY or SCC) business entity)		
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.		······································	NET \$	(456.65) May be a negative number)	S	CC – Small Contril	outor Committee		
*Amounts forgiven or paid by another party also	must be reported on Schedule A.)					The second secon			

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made	Type or prin Amounts may I to whole d	e rounded	· !	froi	tatement cov	ers period 21-12	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE	,	•		thre	ough12	-31-12	Page7	of
NAME OF FILER		•					I.D. NUMBE	≣R .
Vicki Nichols for City Council - 2012				٠.			130532	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearanceses lating survey resea	es	RAD RFD SAL TEL TRC TRS	radio airtime returned conf campaign wo t.v. or cable a candidate tra- staff/spouse to transfer betw voter registra	and production ributions rkers', salaries irtime and provel, lodging, an ravel, lodging, een committeetion	duction costs d meals and meals	candidate/sponsor ail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT			AMOUNT PAID
Sydney Erthal Sausalito, CA 94966		LIT						\$250.00
Indie Politics Novato, CA 94949		LIT	,					\$2000.00
Political Data Norwalk, CA 90650	· ·	LIT			,			\$157.69
* Payments that are contributions or independent expenditures	must also be summ	arized on S	Schedule D.			SU	JBTOTAL\$	2407.69
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)		********************	************			\$	3815.37
2. Unitemized payments made this period of under \$100							1	486.46
Total interest paid this period on loans. (Enter amount from			·				\$	0

4301.83

Schedule E
(Continuation Sheet)
Payments Made

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			· ·	covers period 0-21-12	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through	through 12-31-12		8 of 9	
Vicki Nichols for City Council - 2012					1.D. NUMBER 130532		
CODES: If one of the following codes accurately descri CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	munications d appearance ses lating survey researd very and mes	3 ' .	Otherwise, describe the payment. RAD RFD RFD SAL TEL TRC TRC TRC TRS TRS TSF VOT VOT RAD radio airtime and production costs campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the voter registration web			s eals e same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. ŅUMBER)		CODE C	R ,	DESCRIPTION OF PAYM	ENT		AMOUNT PAID
Indie Politics Novato, CA 94949		LIT .		:	,		\$800.00
Indie Politics Novato, CA 94949		LIT			-		607.68
		·					
						1	
* Payments that are contributions or independent expenditures must			•		:	DTOTAL ¢	

Schedule I Miscellaneous Increases to Cash					Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from10-21-12		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE						through	12-31-12	Page 9 of 9		
NAME OF FILER				14. 1				I.D. NUMBER	·	
Vicki Nichols	s for City Council - 2012	,		٠		•		130532		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				DESCRIPTION OF RECEIPT			AMOUNT OF INCREASE TO CASH		
11-3-12	Fed Ex Office 2400 Bridgeway Suite 100 Sausalito, CA 94965				Refund for copi	es			\$4.76	
						. ·				
,			:							
Attach addit	tional information on appropriately la	beled continua	tion sheets.				SUBTOTAL	\$	4.76	
2. Unitemized	Summary ncreases to cash this period d increases to cash of under \$10 interest received this period on	00 this period	. ,			•	_			
4. Total misce	ellaneous increases to cash thi Page, Line 14.)	s period. (Ad	d Lines 1, 2, and	3. Enter he	ere and on the	•	4.76	: : :		
•						FI	PPC Toll-Free Helpline	FPPC Form 46 866/ASK-FPPC		